



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(To be used for all correspondence after initial filing)</i>		Application Number	09/360,068
		Filing Date	July 23, 1999
		First Named Inventor	PAGE, Kevin J.
		Group Art Unit	2131
		Examiner Name	HAYES, Gail O.
Total Number of Pages in This Submission	47	Attorney Docket Number	2322-0482

RECEIVED
OCT 30 2002
Technology Center 2100

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communications to Board of Appeals and
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Form PTO/SB/08A; Cited References; Return Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts Under		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
ATTORNEY NAME	Kathleen L. Connell, Registration No. 45,344
FIRM	BROWN, MARTIN, HALVER & McCLAIN, LLP
SIGNATURE	<i>Kathleen L. Connell</i>
DATE	October 23, 2002

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on October 23, 2002			
Typed or printed name	Sachiko Y. Snedden		
Signature	<i>Sachiko Y. Snedden</i>	Date	October 23, 2002